

<i>SERFF Tracking Number:</i>	<i>AEGM-125633542</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38861</i>
<i>Company Tracking Number:</i>	<i>GGA185AR</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>GGA185AR - Enrollment Form</i>		
<i>Project Name/Number:</i>	<i>GGA185AR - Enrollment Form/GGA185AR - Enrollment Form</i>		

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: GGA185AR - Enrollment Form SERFF Tr Num: AEGM-125633542 State: ArkansasLH

TOI: H02G Group Health - Accident Only SERFF Status: Closed State Tr Num: 38861

Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: GGA185AR State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Author: Margaret Frei Disposition Date: 05/06/2008

Date Submitted: 05/02/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: GGA185AR - Enrollment Form

Project Number: GGA185AR - Enrollment Form

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: This form was approved in Illinois, our situs state, on September 10, 1999.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 05/06/2008

State Status Changed: 05/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

May 2, 2008

The Honorable Julie Benafield Bowman

Commissioner of Insurance

SERFF Tracking Number: AEGM-125633542 State: Arkansas
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Company Tracking Number: GGA185AR
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: GGA185AR - Enrollment Form
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Arkansas Insurance Department
Life & Health Division
1200 W 3rd St
Little Rock, Arkansas 72201-1904

Attention: Ms. Rosalinda Minor

RE: Stonebridge Life Insurance Company
NAIC # 0468-65021
FEIN: 03-0164230
"Out of State" Group
GGA185AR – Enrollment Form

Dear Commissioner:

Attached for your review and approval is the above captioned enrollment form. This form is new and does not replace any form previously approved by your Department. Variable text is bracketed and printed in red.

Enrollment Form GGA185AR will be used to solicit Group Accidental Death Certificates GC911 and GC912, as well as other similar products approved by your Department. GC911 and GC912 were approved by your Department on September 29, 1999, SERFF Number JHAY-4C7N4F973.

We request approval of this form in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

This form was approved in Illinois, our situs state, on September 10, 1999.

Completed filing forms are attached. Our filing fee is being sent via EFT.

I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.

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Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY
Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA
Senior Contract Analyst

Attachment

Company and Contact

Filing Contact Information

Margaret Frei, Senior Contract Analyst
2700 West Plano Pky
Plano, TX 75075

mfrei@aegonusa.com
(972) 881-6289 [Phone]
(972) 881-4097[FAX]

Filing Company Information

Stonebridge Life Insurance Company
2700 West Plano Parkway
Plano, TX 75075
(972) 881-6973 ext. [Phone]

CoCode: 65021
Group Code: 468
Group Name:
FEIN Number: 03-0164230

State of Domicile: Vermont
Company Type: Life
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	The filing fee required by the Arkansas Department of Insurance is \$50.00 per filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	05/02/2008	20072019

SERFF Tracking Number:	AEGM-125633542	State:	Arkansas
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Product Name:	GGA185AR - Enrollment Form		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/06/2008	05/06/2008

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Disposition

Disposition Date: 05/06/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GGA185AR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GGA185AR	Application/ Enrollment Form	Initial			GGA185AR.pdf

Enrollment Form for Accident Only Insurance

☐ Yes! Please enroll me for the coverage and benefit amount I have selected.

COVERAGE FOR ONE YEAR ONLY

(01G) ☐ [\$10,000] Accidental Death Insurance with a one time only premium of [\$5.00] for me only.

XXXXX (XX)

XXXXX (XX)

[Sample A. Sample]
[1234 Anystreet Drive]
[Anytown, US 12345-6789]

Birth Date [/ /] ☐ Male ☐ Female
Month Day Year

Telephone [()]

Spouse's Name (if joint coverage is selected)

Birth Date [/ /] ☐ Male ☐ Female
Month Day Year

Name of youngest eligible child

Birth Date [/ /] ☐ Male ☐ Female
Month Day Year

Supplemental Coverage Options

☐ Me, my Spouse ☐ Me and my Children
(L) and Children (K)

☐ Me and my Spouse ☐ Me Only
(J) (G)

Benefit Amount	Monthly Premium	
	Me only	Me and spouse
<input type="checkbox"/> (04) [\$300,000]	[\$25.50]	[\$42.00]
<input type="checkbox"/> (03) [\$200,000]	[\$17.00]	[\$28.00]
<input type="checkbox"/> (02) [\$100,000]	[\$ 8.50]	[\$14.00]
<input type="checkbox"/> (01) [\$ 50,000]	[\$ 4.25]	[\$ 7.00]
Children	Additional Premium	
<input type="checkbox"/> [\$ 5,000]	\$1.00/mo all children	
<input type="checkbox"/> [\$ 10,000]	\$2.00/mo all children	

Stonebridge Life Insurance Company

Home Office: Rutland, VT

[Administrative Office:] [2700 W. Plano Parkway]
[Plano, TX 75075-8200]

I understand that in order to enroll for this coverage, I, the applicant, [must be a JCPenney Credit Cardholder or the spouse of a JCPenney Credit Cardholder, age 18-70, with an account in good standing], and reside in one of the states in which the coverage is available. I understand if an option is not selected, I will be enrolled for individual coverage of [\$10,000] Accidental Death Insurance for one year only. My coverage will become effective on the date stated on the Certificate Schedule Page.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature X []

Date [/ /]
Month Day Year

GGA185AR

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Rate Information

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Certification/Notice	Approved-Closed	05/06/2008

Comments:

The Company has reviewed the enclosed enrollment form and certifies that the form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

		Review Status:	
Bypassed -Name:	Application	Approved-Closed	05/06/2008

Bypass Reason: The submitted enrollment form is attached to the Forms Schedule.

Comments: